

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**89/612182**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51									
2							52									
3							53									
4							54									
5							55									
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43							93									
44							94									
45																
46							95									
47							96									
48							97									
49							98									
50							99									
TOTAL IND.							100									
TOTAL DEP.							TOTAL IND.									
TOTAL CLAIMS							TOTAL DEP.									